



Docket No.: 015675.P397

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Michel Barthes et al.

Serial No: 10/088,928

Filing Date: March 20, 2002

For: SURGICAL VIEWING DEVICE WITH DISPLAY SCREEN CAPABLE OF

BEING STERILISED

Mail Stop - AMENDMENTS Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450 Examiner: Dahbour, Fadi H

Art Unit: 3743

AMENDMENT AND RESPONSE TO OFFICE ACTION

Dear Commissioner:

In response to the outstanding Office Action mailed June 10, 2004, please amend the above-identified application as follows:

SEP 1 0 2004 B								
ANSMITTAL FO	Application No.	10/088,928						
**************************************	Filing Date	March 20, 2002 Michel Barthes 3743						
(to be used for all correspondence after	First Named Inventor							
	Art Unit							
	Examiner Name	Dahbour, Fadi H						
Total Number of Pages in This Submission	9	Attorney Docket Number	15675P397					
ENCLOSU	ENCLOSURES (check all that apply)							

ENCLOSURES (check all that apply) Fee Transmittal Form Drawing(s) Fee Attached Licensing-related Papers After Allowance Communication to Group Appeal Communication to of Appeals and Interference	nication				
Fee Transmittal Form Drawing(s) Licensing related Renom Appeal Communication to	nication				
Amendment / Response Petition Appeal Communication to (Appeal Notice, Brief, Reply E	o Group Irief)				
After Final Aftidavits/declaration(s) Petition to Convert a Provisional Application Provisional Application Proprietary Information					
Power of Attorney, Revocation Change of Correspondence Address Status Letter					
Express Abandonment Request Terminal Disclaimer Other Enclosure(s) (please identify below):					
Information Disclosure Statement Request for Refund return postcard					
CD, Number of CD(s) Certified Copy of Priority Document(s)					
Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts/					
Basic Filing Fee Declaration/POA	Remarks				
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Eric S. Hyman, Reg. No. 30,139					
or Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP					
Signature					
Date 17/04					
CERTIFICATE OF MAILING/TRANSMISSION					
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Typed or printed name Linda D'Etta					
Signature Date 9/7/04 Based on PTO/SR/21 (04-04) as modified to Blakely. Solokoff Taylor & Zafman (wtr) 06/04/2004					

SEP 1 0 2004

上記で TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

0.00

(\$)

_	C	omplete if Known	
	Application Number	10/088,928	_
	Filing Date	March 20, 2002	
	First Named Inventor	Michel Barthes	
	Examiner Name	Dahbour, Fadi H	-
	Art Unit	3743	
	Attorney Docket No.	15675P397	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			EE CALCULATION (continued)
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	3. ADDITIONAL FEES				
Deposit Account	Large	Entity	Sma	II Entity	ry
Deposit	Fee Code	Fee (\$)	Fee Code	Fee (\$)	FeeDescripton FeePaid
Account Number 02-2666	1051	130	2051	65	Surcharge - late filing fee or oath
Deposit	1052	50	2052	25	Surcharge - late provisional filing fee or
· Account Name Blakely, Sokoloff, Taylor & Zafman LLP	2053	130	2053	130	cover sheet. Non-English specification
The Commissioner is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a request for ex parte reexamination
Charge fee(s) indicated below Credit any overpayments	1804	920 *	1804	920	Requesting publication of SIR prior to Examiner action
Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	1805	1,840 *	1805	1,840	* Requesting publication of SIR after
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account					Examiner action
<u> </u>	1251	110	2251	55	Extension for repty within first month Extension for reply within second month
FEE CALCULATION 1. BASIC FILING FEE	1252 1253	420 960	2252 2253	210 475	Extension for reply within third month
Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month
Fee Fee Fee Fee Fee Description FeePaid Code (\$) Code (\$)	1255	2,010	2255	1,005	Extension for reply within fifth month
1001 770 2001 385 Utility filing fee	1404	330	2401	165	Notice of Appeal
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in support of an appeal
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing Petition to institute a public use proceeding
1004 770 2004 385 Reissue filing fee	1451 1452	1,510 110	2451	1,510 55	<u> </u>
1005 160 2005 80 Provisional filing fee	1453	1,330	2453	665	
SUBTOTAL (1) (\$)	1501	1,330	2501	665	Utility issue fee (or reissue)
2. EXTRA CLAIM FEES Extra Fee from	1502	480	2502	240	Design issue fee
Ctaims below FeePad	1503	640	2503	320	
Independent 12 - 20 = 0 X 9.00 \$0.00	1460 1807	130 50	2460 1807	130 50	
Claims 1 3 0 X 43.00 5 \$0.00 Multiple Dependent	1806	180	1806	180	.".
Large Entity Small Entity	8021	40	8021	40	Recording each patent assignment per
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)					property (times number of properties)
1202 18 2202 9 Claims in excess of 20	1809	770	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))
1203 290 2203 145 Multiple Dependent claim, if not paid	1801	770	2801	385	
1204 86 2204 43 **Reissue independent claims over original patent	1802	900	1802	900	Request for expedited examination
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			ı		of a design application
	Other fe	e (specify)		*	
SUBTOTAL (2) (S) 0.00	* Reduce	d by Basic F	iling Fee	Paid	SUBTOTAL (3)
**or number previously paid, if greater, For Reissues, see below	<u></u>				Complete (if applicable)
SUBMITTED BY	R	egistratio	on No.		Complete (if applicable)
Name (Print/Type) Eric S. Hyman	g/ (A	ttorney/Age	ent)		30,139 Telephone (310) 207-3800
Signature	M _				Date 9(7/09